



16367 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Joel M. WasDyke

Serial No.: Unknown

Examiner: Unknown

Filing Date: November 18, 2003

Group Art Unit: Unknown

For: INTRAVASCULAR FILTER WITH BIOABSORBABLE CENTERING ELEMENT

Docket No.: 1001.1701101

22388 U.S. PTO
10/716213
11803

TRANSMITTAL SHEET

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of :EV315609635US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this 18th day of November, 2003.

By


JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

- ☒ 14 sheet(s) of specification.
- ☒ 32 claim(s).
- ☒ 1 sheet(s) of Abstract.
- ☒ 5 sheet(s) of formal drawings.
- ☒ Executed Declaration and Power of Attorney.
- ☐ A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
- ☒ An Assignment of the invention to SCIMED LIFE SYSTEMS, INC. is being filed contemporaneous with this patent application.
- ☐ A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

| CLAIMS AS FILED | | | | | | |
|--|---------|---------|--------------|-------|---------|-------|
| | (1) | (2) | SMALL ENTITY | | OTHER | |
| FOR: | # FILED | # EXTRA | Rate | Fee | Rate | Fee |
| BASIC FEE | | | | \$385 | | \$770 |
| TOTAL CLAIMS | 32-20 = | 12 | x9= | \$ | x18= | \$216 |
| INDEPENDENT CLAIMS | 4 -3 = | 1 | x43= | \$ | x86= | \$ 86 |
| () MULTIPLE DEPENDENT CLAIM PRESENTED | | | +145= | \$ | +290= | \$ |
| TOTAL | | | \$ | | \$1,072 | |

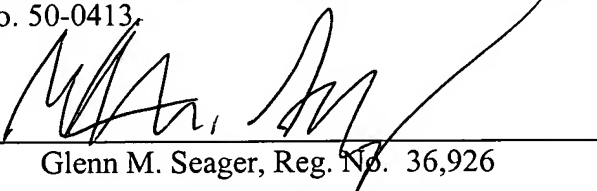
*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____.

[X] A check in the amount of \$ 1,072.00 is enclosed.

[X] Postcard Receipt.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
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